



Standardized Assessment of People with Intellectual/Developmental Disabilities

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Nora Barkey
Laura Vredeveld

Agenda

Implementation of SIS in Michigan

Using Information from the SIS

Individual

System

Developing Competencies



What is the SIS ?

The Supports Intensity Scale (SIS®) is a strength-based, comprehensive assessment tool that identifies and measures the types and intensity of supports a person needs.

The SIS® includes information on health, medical conditions, activities of daily living, and cognitive, social, and emotional skills.

The SIS® was designed to be part of person-centered planning processes that help all individuals identify their unique preferences, skills, and life goals.

The SIS is consistent with the values of community inclusion, self direction, individual choice/control, and person-centered services.



What is the SIS

- ◆ The Supports Intensity Scale provides:
 - Direct, reliable, and valid measurement of supports requirements in 57 life activities
 - Ranking of support needs in 15 medical and 13 behavioral areas
 - Percentile ranking of person's needs based on national field test data



What does the SIS Measure?

- ◆ **Home Living.** Preparing food, dressing, bathing, housekeeping, operating home appliances
- ◆ **Community Living.** Visiting friends and family, accessing public buildings, participating in community activities, shopping, transportation
- ◆ **Lifelong Learning.** Using problem-solving strategies, interacting with others in learning activities, using technology for learning



What does the SIS Measure?

- ◆ **Employment.** Learning and using specific job skills, interacting with co-workers, completing work-related tasks with acceptable speed
- ◆ **Health and Safety.** Taking medications, maintaining a nutritious diet, avoiding health and safety hazards
- ◆ **Social.** Socializing within the household, making and keeping friends, using appropriate social skills



What does the SIS Measure?

- ◆ **Protection and Advocacy.** Advocating for self, managing money and personal finances, protecting self from exploitation
- ◆ **Medical.** Respiratory care, feeding assistance, skin care, and exceptional medical care
- ◆ **Behavioral.** Self-directed destructiveness, prevention of emotional outbursts, maintenance of mental health treatments



Purposes

For the Individual:

- ◆ Participative process. The individual and those who know them best are the “content experts”
- ◆ Assessment of current and needed supports including activities that are important to the individual and amount of supports needed to participate in daily activities and community involvement
- ◆ Understandable and consistent process regardless of who is conducting the assessment
- ◆ Helps individuals use their resources in the most efficient and useful manner



Purposes

For Case Managers/Supports Coordinators:

- To support the Person Centered Planning Process
- The assessment provides essential information across multiple domains
- Assists in establishing goals that are important to the individual
- Establishes a baseline which allows for evaluation of progress and success



Person-Centered Planning

Definition

"Person-Centered Planning" means a process for planning and supporting the consumer receiving services that builds on the individual's capacity to engage in activities that promote community life and that honors the consumer's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the consumer desires or requires. (PA 634 **Sec. 109i** (23) f)



Purposes

For the Family/Guardian:

- Understandable and consistent process regardless of who is conducting the assessment
- Confidence there is an objective and independent process for each and all persons served by public mental health
- Confidence that the assessment and individual plan of service developed through the person centered planning process will promote services and supports consistent with individual needs



Purposes

For the PIHP/CMHSP/Program:

- Promotes equitable access to services and supports
- Promotes continuity of care across multiple providers
- Assist in determining need for specific services/waivers
- Predict the types of resources needed – for planning purposes at regional level
- Assists with determining future costs of services for financial plan



Purposes

For the state/MDCH:

- ◆ Will be used as a factor in actuarial analysis
- ◆ Provides an understanding of the population served
- ◆ Ensures there are consistent processes across regions
- ◆ Enhances the ability to describe the population served in Michigan
- ◆ Assists with determining future costs of services



Implementation Partners

- ◆ Behavior Health and Developmental Disabilities Administration
- ◆ American Association for Intellectual and Developmental Disabilities (AAIDD)
 - MORC, Inc.
 - AJ Boggs
- ◆ PIHPs/CMHSPs/Providers/Persons Served
- ◆ The Standards Group



Michigan Implementation Model

- ◆ Implementation Workgroup providing input and assistance with policy development, communication and ongoing planning
- ◆ Guidelines include training and quality standards for assessors, conflict free standards, and use guidelines have been or are being developed
- ◆ Stakeholder information and presentations are being conducted and will continue through our start up process



MI Implementation Model:

- ◆ A SIS assessment will be conducted at least once every three years for all Medicaid-eligible individuals age 18 or older with an intellectual or developmental disability, who are currently receiving case management/ supports coordination or respite services.
- ◆ SIS Assessors will complete initial assessments for approximately 33,000 persons statewide during the next 3 years.



MI Implementation Model: Conflict Free Standards

- ◆ Assessors may be employed by or contracted with a PIHP, CMHSP, or another provider.
- ◆ Assessors/Interviewers should report to a department other than supports coordination/case management where the individual is served.
- ◆ Assessors may not facilitate a SIS® interview for an individual for whom they are providing another ongoing clinical service
- ◆ SIS assessors should not hold a concurrent role or position that includes responsibility for authorization of services or utilization management functions.



MI Implementation Model: Ensuring reliability & consistency

- ◆ Interviewers participate in structured training classroom, practice and observed interviews
- ◆ Interviewers participate in regular “drift reviews” to ensure reliability



SIS Interviews

- ◆ SIS is administered via a **semi-structured interview** with two or more respondents who know the individual well.
- ◆ The SIS and each Section of the SIS is introduced and explained prior to the interviewer asking item questions
- ◆ Consensus model – dialog about support needs
- ◆ Family-friendly reports are shared with individuals and family members



Use Guidelines

- ◆ Workgroup has developed draft Use Guidelines to ensure consistent implementation of the SIS statewide.
- ◆ Information from the SIS is used in the person-centered planning process where natural supports, medically-necessary services, and community resources are discussed to create a comprehensive support plan.
- ◆ The SIS can help ensure that support needs are consistently assessed and understood.



Use Guidelines

- ◆ Assist with decision making and helps ensure that the public behavioral health system provides for the needs of individuals in an equitable way
- ◆ Opportunities for shared learning related to data models and utilization management strategies



Training Plan for Support Coordinators

Training for SC/CM will include:

- ◆ Basic overview of the SIS – foundation/background of the tool
- ◆ Review of the domains and what it is intended to measure
- ◆ CM/SC role as a participant/informant in a SIS interview
- ◆ Explaining SIS results using the family-friendly report (understand/interpret results)
- ◆ How to use SIS results in person centered planning and pre-planning



Training Plan for Support Coordinators

Training for Casemanagers

- ◆ Over 400 casemanagers/supports coordinators statewide
- ◆ Will include in-person and live webinar trainings, in-person held in at 3 locations statewide to ensure geographic proximity
- ◆ Development of materials for use in E-learning to be housed on State of Michigan website



Timelines

Date	TASK
March 2014	Contract with AAIDD start date
May – 12-16	Two four day assessor training sessions with 20 trainees per session
June 2014 and ongoing	FAQ documents
June 2014	Cohort A trained and completed IRQR
June 2014	PIHP DUAs, SIS assessors registration and use of SIS Online and Venture
August 2014 and ongoing	SIS online and Venture and Report adaptations to accommodate MI electronic data exchange and complexities of PIHP/CMHSP/Provider access
July-September and ongoing 2014	Stake holder presentations in 10 PIHP Regions and Conference presentation

Timelines

Date	TASK
April 2014 – September and ongoing	Policy on SIS assessor criteria, guidance for use of SIS online, Use Guidelines,
November 2014	SSIS assessments merged into one state wide data base set
November 2014	Common template for communication and orientation materials for families and stakeholders available
November – April 2015	Training for Supports Coordinators and Case Managers
June 2015	SIS Policy Manual
August 2015	10 Regional Trainers able to assure ongoing capacity of interviewers

For additional Information about the SIS:

- ◆ MDCH website:
http://www.michigan.gov/mdch/0,4612,7-132-2941_4868_69586---,00.html
 - FAQ re: SIS Implementation in Michigan
- ◆ AAIDD website: www.aaidd.org



Questions? Comments?

